

REGIONAL COUNCIL EXPENSE REIMBURSEMENT REQUEST

Name Organization Email		Today's Date Phone WBS Elemen				- - -			For Accounting	g Use Only	
PURPOSE:					TRAVEL DATES:			From _ To _			
Date	Location / Start to End Travel Points	Personal Car Miles	Mileage @ 48.5¢/mi		Transpor			Meal*	Lodging*	Other*	Total
		Car Miles		Airfare*	□Bus □Shuttle I	□Taxi □Train*	Car Rental*	Medi	Louging	(Including Parking)	iotui
										TOTAL:	
I hereby certify that Submitted by:	all expenditures reported here are legitimate expenses	to the Southern Califor	nia Associatio	n of Governm	nents.	-	* If Bus, F		n fare exceeds \$2 e, Taxi exceeds \$1		ginal receipt
Reviewed by:	News				Data	-		-		: Lodging Max =	
Approved by:	Name	Signature			Date		41 1 -		t: Los Angeles, San	Diego Counties =	\$110.00/day
,	Name	Signature			Date	-	Alameda, S	an Francisco, Sai	nta Clara, and San	viateo Lounties =	\$140.00/day